

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001855

Entity Name: BABCOCK NURSERY, LLC**Current Principal Place of Business:**4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418**FEI Number:** 83-0481383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLIHEN, TERRENCE R
4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** TERRENCE R. HOLIHEN

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name KE BABCOCK HOLDINGS, LLC
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT, CEO
Name KITSON, SYDNEY W
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title COO
Name DOUGHERTY, ALFRED P
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER
Name MORALES, JULIO E
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name HOBAN, THOMAS M
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name VANDERMAY, WILLIAM R
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY
Name WOODS, ERICA S
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title ASST. TREASURER
Name LEITH, SHEILA
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERRENCE HOLIHEN**REGISTERED AGENT**

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date